

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212524815					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: VIRGINIA COURT REPORTERS ASSOCIATION, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KERRY ZAHN 208 E PLUME STREET STE 306 NORFOLK, VA 23510</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NORFOLK CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2012</p> <p>SCC ID NO: 03423795</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 240 CHEROKEE ROAD PO BOX 3325</p> <p style="text-align: center;">CITY/ST/ZIP: PORTSMOUTH, VA 23701</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GWENDA APPELEGATE TITLE: Imm Past Pres ADDRESS: 1070 Fox Hollow Lane CITY/ST/ZIP/CO: Palm yra, VA 22963 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: GWENDA APPELEGATE TITLE: Imm Past Pres ADDRESS: 1070 Fox Hollow Lane CITY/ST/ZIP/CO: Palm yra, VA 22963	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Lois Boyle TITLE: TREASURER ADDRESS: 510 Tudor Court CITY/ST/ZIP/CO: Newport News, VA 23603 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: Lois Boyle TITLE: TREASURER ADDRESS: 510 Tudor Court CITY/ST/ZIP/CO: Newport News, VA 23603	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Amy Sikora TITLE: VICE PRESIDENT ADDRESS: 3824 Brighton Court CITY/ST/ZIP/CO: Alexandria, VA 22305 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: Amy Sikora TITLE: VICE PRESIDENT ADDRESS: 3824 Brighton Court CITY/ST/ZIP/CO: Alexandria, VA 22305	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME:	NANCY CRANE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2146 TALL PINES BEND		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23456		
NAME:	Leslie Etheredge	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11517 Winterpock Road		
CITY/ST/ZIP/CO:	Chesterfield, VA 23838		
NAME:	Daniele Jeffreys	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4307 N. Lakefront Drive		
CITY/ST/ZIP/CO:	Henrico, VA 23294		
NAME:	Tracy Koschara	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 392		
CITY/ST/ZIP/CO:	Nellysford, VA 22858		
NAME:	Carol Naughton	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	613 Linkhorn Drive		
CITY/ST/ZIP/CO:	Virginia Beach, VA 23451		
NAME:	Kim Watrous	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1006 Norwich Avenue		
CITY/ST/ZIP/CO:	Virginia Beach, VA 23456		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ COLETTE BOES	COLETTE BOES, EXEC DIRECTOR	6/30/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			